



Please type a plus sign (+) inside this box ☐

03-14-05

8FW 1647\$

PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|-------------------|
| Application Number | 09/989,734 |
| Filing Date | November 19, 2001 |
| First Named Inventor | Goddard, et al. |
| Group/Art Unit | 1647 |
| Examiner Name | Wegert, Sandra |
| Attorney Docket Number | 39780-2730P1C64 |

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment under 37 C.F.R. 1.48(b) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): stamped return postcard |
|--|---|---|

Remarks

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER (Reference Atty. Docket No. 39780-2730P1C64).

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

| | | | |
|-------------------------|--|------------------|-------|
| Firm or Individual name | DAPHNE REDDY, REG. NO. 53,507, HELLER EHRMAN WHITE & McAULIFFE LLP | | |
| Signature | <i>Daphne Reddy</i> | | |
| Date | MARCH 10, 2005 | Customer Number: | 35489 |

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Express Mail Label EV 582 627 328 US

| | | | |
|-----------------------|----------------------|------|----------------|
| Typed or printed name | CHERYL ROGERS | | |
| Signature | <i>Cheryl Rogers</i> | Date | MARCH 10, 2005 |

Burden Hour Statement: This form is estimated to take 1/2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop ___, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

BEST AVAILABLE COPY